

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/5/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Lakenan 800 Rozier Street Sainte Genevieve MO 63670 Male Sub 673-883-7446	th	is certificate does not confer rights to				ne policy, certain policies may require an endorsement. A statement on uch endorsement(s).						
800 ROZIES Street Sainte Genevieve MO 63670 Silve Genevieve MO 63670 SILVE GENEVER STANDAM S						NAME:						
INSURER A: PHILADEL PHILA INSURANCE COMPANY 6777 ADJ Baseball ILLC/Bales-N-Strikes LLC 18018 East Avenue Chesterfield MO 63005-1101 THIS 6T OC DETRIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AMMED ABOVE FOR THE POLICY PERIOD MOLECULES MAY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLUMENT WITH RESPONSE TO MINISTRAMOR SAMY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLUMENT WITH RESPONSE TO MINISTRAMOR SAMY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLUMENT WITH RESPONSE TO MINISTRAMOR WAY HAVE BEEN REDUCED BY PAD CLAMB. **RESPONSE AND CONDITIONS OF SUCH POLICIES. LIBITS SHOWN WAY HAVE BEEN REDUCED BY PAD CLAMB. **RESPONSE AND CONDITIONS OF SUCH POLICIES. LIBITS SHOWN WAY HAVE BEEN REDUCED BY PAD CLAMB. **RESPONSE AND CONDITIONS OF SUCH POLICIES. LIBITS SHOWN WAY HAVE BEEN REDUCED BY PAD CLAMB. **RESPONSE AND CONDITIONS OF SUCH POLICIES. LIBITS SHOWN WAY HAVE BEEN REDUCED BY PAD CLAMB. **RESPONSE AND CONDITIONS OF SUCH POLICIES. LIBITS SHOWN WAY HAVE BEEN REDUCED BY PAD CLAMB. **RESPONSE AND CONDITIONS OF SUCH POLICIES. LIBITS SHOWN WAY HAVE BEEN REDUCED BY PAD CLAMB. **RESPONSE AND CONDITIONS OF SUCH POLICIES. BY SUBJECT TO ALL THE TERMS. **RESPONSE AND CONDITIONS OF SUCH POLICIES. BY SUBJECT TO ALL THE TERMS. **RESPONSE AND CONDITIONS OF SUCH POLICIES. BY SUBJECT TO ALL THE TERMS. **RESPONSE AND CONDITIONS OF SUCH POLICIES. BY SUBJECT TO ALL THE TERMS. **RESPONSE AND CONDITIONS OF SUCH POLICIES. BY SUBJECT TO ALL THE TERMS. **RESPONSE AND CONDITIONS OF SUCH POLICIES. BY SUBJECT TO ALL THE TERMS. **RESPONSE AND CONDITIONS OF SUCH POLICIES. BY SUBJECT TO ALL THE TERMS. **RESPONSE AND CONDITIONS OF SUCH POLICIES. BY SUBJECT TO ALL THE TERMS. **RESPONSE AND CONDITIONS OF SUBJECT TO ALL THE TERMS. **RESPONSE AND CONDITIONS OF SUBJECT TO ALL THE TERMS. **RESPONSE AND CONDITIONS OF SUBJECT TO ALL THE TERMS. **RESPONSE AND CONDITIONS OF SUBJECT TO ALL THE TERMS. **RESPONSE AND CONDITIONS OF SUBJECT TO ALL THE TERMS. **RE						(A/C, No, Ext): 573-883-7446 (A/C, No): 573-883-3981						
MISURED ADJ Baseball, LLC DBA Rawlings Tigers NTJ Baseball LLC/Balls-N-Strikes LLC 18018 Eads Avenue Coverages Certificate Number: 1304139820 COVERAGES CERTIFICATE NUMBER: 1304139820 CERTIFICATE NUMBER: 1304139820 CERTIFICATE NUMBER: 1304139820 THIS IT O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NUMCATED. NOTHER DOLICY PERIOD ON MICHAEL NUMBER: 1304139820 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ON MICHAEL NAMED ABOVE FOR THE POLICY						ADDRESS: coi@lakenan.com						
MOURER 8: NTJ Baseball ILLC/Balls-N-Strikes LLC 18018 Eads Avenue Chesterfield MG 63005-1101 CERTIFICATE NUMBER: 1304139820 CERTIFICATE NUMBER: 1304139820 REVISION NUMBER: REVISION NUMBER: REVISI							INS	URER(S) AFFOR	RDING COVERAGE		NAIC#	
ADJ Baseball, LLC DBA Rawlings Tigers NTJ Baseball LLC DBIA Rawlings Tigers NSUBER 5: NSUBER 6: NSUBER 6: NSUBER 6: NSUBER 6: NSUBER 6: NSUBER 7: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DICATED NOTHINTSTANDING ANY RECURRENCEMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERFAR. THE INSURANCE APPOINTED BY THE POLICY FOR THE PO							INSURER A : PHILADELPHIA INSURANCE COMPANY				6777	
NTJ Baseball LLC/Balls-N-Strikes LLC 18018 Eads Avenue Chesterfield MO 63005-1101 **REVISION NUMBER: REVISION NUMBER: REVI	INCORED					INSURER B:						
18018 Eads Avenue Centerfield Mo 63005-1101 MBURER 9 :	NT.I Baseball I C/Balls-N-Strikes I I C					INSURER C:						
COVERAGES CERTIFICATE NUMBER: 1304139820 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERIOD	180	018 Eads Avenue				INSURER D:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MEDIA AND EXPERTED POLICIES OF INTERPOLICY PRINDING ANY REQUIREMENT, TERM OR COMDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED FOR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY 14VE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY 14VE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY 14VE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY 14VE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY 14VE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY 14VE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY 14VE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY 14VE BEEN REDUCED BY PAID CLAIMS. EACH OCCURRENCE STOWN MAY 14VE BEEN REDUCED BY PAID CLAIMS. EACH OCCURRENCE STOWN MAY 14VE BEEN REDUCED BY PAID CLAIMS. EACH OCCURRENCE STOWN MAY 14VE BEEN REDUCED BY PAID CLAIMS. EACH OCCURRENCE STOWN MAY 14VE BEEN REDUCED BY THE POLICY BY THE TERMS. EACH OCCURRENCE STOWN MAY 14VE BEEN REDUCED BY THE POLICY BY THE TERMS. EACH OCCURRENCE STOWN MAY 15 1,000,000 BY THE POLICY BY THE TERMS. EACH OCCURRENCE STOWN MAY 15 1,000,000 BY THE POLICY BY THE TERMS. EACH OCCURRENCE STOWN MAY 15 1,000,000 BY THE POLICY BY THE TERMS. EACH OCCURRENCE STOWN MAY 15 1,000,000 BY THE POLICY BY THE TERMS. EACH OCCURRENCE STOWN MAY 15 1,000,000 BY THE POLICY BY THE TERMS. EACH OCCURRENCE STOWN MAY 15 1,000,000 BY THE POLICY BY THE TERMS. EACH OCCURRENCE STOWN MAY 15 1,000,000 BY THE POLICY BY THE TERMS. EACH OCCURRENCE STOWN MAY 15 1,000,000 BY THE POLICY BY THE TERMS. EACH OCCURRENCE STOWN MAY 15 1,000	Chesterfield MO 63005-1101					INSURER E:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED AROUF FOR THE POLICY PERIOD NOICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR NAMY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A X COMMENCIAL DESCRIBENCY AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A X COMMENCIAL DESCRIBENCY BY THE POLICY REPORT OF T							INSURER F:					
NDICATED. NOTWITHSTANDING ANY RECUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PEATING. THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Commercial General Limits and the property of the certificate holder of the property of the certificate holder. A copy if available upon request. Industry						REVISION NUMBER:						
THE TYPE OF INSURANCE INSU	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CREWLAGGREGATE LIMIT APPLIES PER: \$ 1,000,000 GENERAL AGGREGATE & \$1,000,000 GENERAL	INSR LTR	TYPE OF INSURANCE	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY N		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
PREMISES If a cocurrence \$100,000	Α	X COMMERCIAL GENERAL LIABILITY			PHPK2503479		1/1/2023	1/1/2024			,000	
PERSONAL & ADV BULLY \$1,000,000		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00	
GENL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMPIOP AGG \$3,000,000									MED EXP (Any one person)	\$ 0		
PRODUCTS - COMPIOP AGG \$3,000,000									PERSONAL & ADV INJURY	\$ 1,000	,000	
A AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY BODIL' NURY (Per accident) \$ B									GENERAL AGGREGATE	\$ 3,000	,000	
A AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY BODIL' NURY (Per accident) \$ B		X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,000	,000	
ANY AUTO OWNED AUTOS ONLY AUTOS O										\$		
OWNED AUTOS ONLY AUTOS	Α	AUTOMOBILE LIABILITY			PHPK2503479		1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000	
A X UMBRELLALIAB X OCUR PHUB846228 1/1/2023 1/1/2024 EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,		ANY AUTO							BODILY INJURY (Per person)	\$		
A HIRED AUTOS ONLY X NON-OWNED PROPERTY DAMAGE S		OWNED SCHEDULED AUTOS							1 ' '	\$		
A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 10,000 WORKERS COMPENSATION AND EMPLOYERS LIABLILY ANYPROPRIETOR PARTNER EXECUTIVE DESCRIPTION OF OPERATIONS below PHA119115 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE		V HIRED V NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 10,000		AUTOS GIVET							(i or decidenty	\$		
EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ 10,000 WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIET OR PARTHEMETERS CUTTIVE OF MICE AND EMPLOYERS LIABILITY ANY PROPRIET OR PARTHEMETERS CONTINUED OF OPERATIONS below A Participant Medical PHPA119115 DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	Α	X UMBRELLA LIAB X OCCUR			PHUB846228		1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 3.000	.000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request. CERTIFICATE HOLDER CANCELLATION S DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE		EXOCOCUAD								\$ 3.000	.000	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR PRATNER REXCUTIVE OFFICE PROMISE REXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE										\$,	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICE/MINIBER EXCLUDED? (Mandatory in MH) If yes, describe under personal pers		WORKERS COMPENSATION							PER OTH-			
CERTIFICATE HOLDER		ANYPROPRIETOR/PARTNER/EXECUTIVE T/N								\$		
Was, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request. CANCELLATION			N/A									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE		If ves, describe under										
CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Immanuel Lutheran Church & School 300 S. Pathway Ct. Crystal Lake II. 60014	Α				PHPA119115		1/1/2023	1/1/2024			0	
CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Immanuel Lutheran Church & School 300 S. Pathway Ct. Crystal Lake II. 60014												
CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Immanuel Lutheran Church & School 300 S. Pathway Ct. Crystal Lake II. 60014												
CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Immanuel Lutheran Church & School 300 S. Pathway Ct. Crystal Lake II, 60014												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	The	The above General Liability policy provides Automatic Additional Insured coverage to the certificate holder. A copy if available upon request.										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	CE	RTIFICATE HOLDER			CANCELLATION							
Crystal Lake II 60014							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
	Crystal Lake IL 60014					AUTHORIZED REPRESENTATIVE						